

4714

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of COCONINO  
District of FLAGSTAFF  
Town of Flagstaff  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 81  
Co. Registrar No. 166  
Local Registrar's No. 108  
St. \_\_\_\_\_ Ward)

FULL NAME OF CHILD Charles Robert Joy { Born YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive ☒

Sex of Child <u>Male</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Sept 19 1922</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Carter Bruce Joy</u>			Full Maiden Name <u>Myrtle May Hoague</u>		
Residence <u>Flagstaff</u>			Residence <u>Flagstaff</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>39</u> (Years)			Age at last Birthday <u>29</u> (Years)		
Birthplace <u>Texas</u>			Birthplace <u>New Mexico</u>		
Occupation <u>Truck driver</u>			Occupation <u>housewife</u>		
Number of Child of this mother _____	Number of children of this mother now living _____		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child, and that it occurred on Sept 19 1922, at 9:30 M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) G. F. Manning  
(Attending physician, midwife, householder.)\*

Given or Christian name added from a \_\_\_\_\_

Address FLAGSTAFF

supplemental report \_\_\_\_\_ 192 \_\_\_\_\_

Filed Sept 22 1922

G. F. Manning  
LOCAL REGISTRAR

318-919-465  
COUNTY REGISTRAR.

Filed Oct 5 1922 A True Copy

G. F. Manning  
COUNTY REGISTRAR

My Commission Expires Feb. 7, 1924